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## FACSIMILE TRANSMITTAL SHEET

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Commissioner for Patents	Christopher C. Boehm
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USPTO	May 30, 2006
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PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
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RE:	YOUR REFERENCE NUMBER:
Submission of Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address	USSN 10/560,561

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## NOTES/COMMENTS:

Transmitted with  
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address  
Statement Under 37 CFR 3.73(b) with attached copy of Assignment  
Certificate of Transmission by Facsimile (37 CFR 1.8)

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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Victor Weiss et al.

Docket No.

BKE-0010

Application No.  
10/560,561

Filing Date  
December 12, 2005

Examiner  
unassigned

Group Art Unit  
unassigned

Invention: **METHOD AND SYSTEM FOR DISPLAYING AN INFORMATIVE IMAGE AGAINST A BACKGROUND IMAGE**

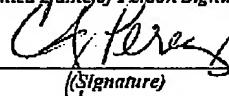
I hereby certify that this Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, Statement Under 37 CFR 3.73(b)  
(Identify type of correspondence)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/560,561
	Filing Date	December 12, 2005
	First Named Inventor	Victor Weiss et al.
	Art Unit	2872
	Examiner Name	unassigned
	Attorney Docket Number	BKE-0010

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 23413

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

23413

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	ZIP	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	JONATHAN ZOHN		
Date	May 1, 2006	<input checked="" type="checkbox"/>	Telephone <span style="border: 1px solid black; padding: 2px;">(011) 972 89307325</span>

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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